

that the undescended testis should never be sacrificed in children and that the general tendency to remove the testis is greatly to be deprecated. Even if the testis be of little functional value it nevertheless is of great value in developing the male characteristics of the child. In adults it has an influence on the mentality and has a moral effect. Operation in the child should be postponed until he is ten to twelve years of age.

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**Continued Extension by Means of a New Extension Frame in the Bloodless Reduction of Congenital Dislocation of the Hip.**—CHURCHMAN (*Surg., Gynec. and Obst.*, 1919, xxviii, 518) says that his method consists briefly in: Application of extension in the line of the legs as they rest in their deformed position; gradual abduction until the legs form with each other an angle of 180 degrees; when maximum abduction has been obtained, digital manipulation of the head of the femur, to drop them into place; maintenance throughout of rotation necessary to keep the toes pointing directly upward; gradual reduction of the maximum abduction until the legs form with each other an angle of about 35 degrees. Application of plaster cast from the waist to the knees; transmission of the body weight to the acetabula, through the heads of the femurs, by allowing the child to walk. If a favorable case in a young infant with well-developed acetabula is treated in this way, not only will the case be simplified by eliminating the violent manipulations hitherto used, but more accurate results will probably be obtained, because it will be found that the head can in this way be at will placed exactly where one wishes it to lie, and that if the position, by roentgenographs, is shown to be not entirely satisfactory, a change in the direction of the extension or rotation straps will make the desired correction.

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## THERAPEUTICS

UNDER THE CHARGE OF

SAMUEL W. LAMBERT, M.D.,  
NEW YORK,

AND

CHARLES C. LEIB, M.D.,

ASSISTANT PROFESSOR OF PHARMACOLOGY, COLUMBIA UNIVERSITY.

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**A Note on Sodium Morrhuate in Tuberculosis.**—By a process similar to that by which sodium gynocardate is obtained from chaulmoogra oil, ROGERS (*British Med. Jour.*, February 8, 1919, p. 147) made a preparation of the sodium salts of the unsaturated fatty acids of cod-liver oil which he terms "sodium morrhuate." It is used in the form of a sterile 3 per cent. aqueous solution, administered subcutaneously in gradually increasing doses two or three times a week. When the dose reaches an inconvenient size (2 c.c.) it is given by intravenous injection. Sodium morrhuate has been under trial for a year by the

lungs presented a picture of malignant coalescing bronchopneumonia, frequently with hemorrhagic tracheobronchitis. The changes varied considerably with the chronicity of the disease and the nature of the secondary infections. In fulminant cases influenza bacilli in large numbers were found in the bronchi. The bacillus of Pfeiffer was the apparent cause of the epidemic but at most of the necropsies a mixture of bacteria was found in the respiratory tract. Blood cultures during life were usually negative but pneumococci or streptococci were found in some cases. Overwork, exposure to cold and wet, inadequate nourishment, etc., diminished the natural resistance to the disease and the contagion spread rapidly by distribution in the secretions of the nose and mouth, not only of the sick, but of "carriers" not suffering from the disease. The author considers vaccines of doubtful value; avoidance of contagion and general hygienic measures are advocated. Rest in bed, warmth and bodily comfort, promptly enforced at the onset of the disease, he considers the most important elements in the treatment. The author believes that the epidemic of influenza originated in France from the endemic influenza widely prevalent there and considers it probable that the large numbers of American soldiers in France, subjected to strange environmental conditions, furnished a fertile soil for the propagation of the disease.

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## PEDIATRICS

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UNDER THE CHARGE OF

THOMPSON S. WESCOTT, M.D., AND ALVIN E. SIEGEL, M.D.,  
OF PHILADELPHIA.

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**Influenzal Croup.**—REGAN and REGAN (*Am. Jour. Dis. Children*, June, 1919, No. 6, vol. xvii) call attention to the fact that during the past epidemic of influenza a number of cases of "influenzal croup" were seen in their work. The clinical course of the disease, the constant absence of membrane from the tonsils, the failure to respond to antitoxin and the uncertain effects of intubation were all suggestive of an etiology distinct from that of diphtheria. Bacteriological and pathological findings proved this to be the case. At first, however, the clinical resemblance to membranous croup was so close that many of the patients were admitted to the diphtheria wards under an incorrect diagnosis of laryngeal diphtheria. As a rule, the disease begins with the symptoms of influenza, and then after a period of from two to ten days the signs of croup appear. The subsequent course of the malady is similar to that of diphtheritic croup, and depends on the severity of the laryngeal involvement and on the presence or absence of a complicating pneumonia. It was common for the symptoms of laryngeal obstruction to progress to a point of impending asphyxia, during periods of spasm, and at such times there was marked retraction of the suprasternal fossa, of the epigastrium and the disappearance of the radial pulse during inspiration, noisy breathing, cyanosis of the